

Submit 3 Copies To Appropriate
District Office
District I
1625 N French Dr., Hobbs, NM 88240
District II
1301 W Grand Ave., Artesia, NM
88210
District III
1000 Rio Brazos Rd., Aztec, NM
87410
District IV
1220 S St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

HOBBS OCD

OCT 14 2011

RECEIVED

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-10476
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> <i>Feb</i>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name LANGLIE MATTIX PENROSE SAND UNIT
8. Well Number 221
9. OGRID Number 240974
10. Pool name or Wildcat Langlie Mattix; 7 Rvrs-Qn-Grayburg

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH
PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other INJECTION

2. Name of Operator LEGACY RESERVES OPERATING LP

3. Address of Operator P.O. BOX 10848
MIDLAND, TX 79702

4. Well Location
Unit Letter L : 1980 feet from the SOUTH line and 660 feet from the WEST line.
Section 27 Township T22S Range R37E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3334' GR

Pit or Below-grade Tank Application ☐ or Closure ☐
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface
water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Replace injection line, pressure test & RTI ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including
estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore
diagram of proposed completion or recompletion.

10/5/11 – Dig out old injection & replace approximately 1300' with new 2-3/8" 2500# fiberglass. Pressure
test line to 2000# & RTI.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any
pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached)
alternative OCD-approved plan ☐.

SIGNATURE Benny Johnson TITLE: Production Superintendent DATE: 10/12/11

Type or print name Benny Johnson E-mail address: _____ Telephone No. (432) 689-5200

For State Use Only

APPROVED [Signature] BY: _____ TITLE: State Engineer DATE: 10-19-2011

Conditions of Approval (if any): _____

OCT 20 2011